

The Wellness Benefit

Use this Chubb Workplace Benefits claim form or call us at 866-445-8874

CHUBB

Signature required on reverse side for Fraud Notification

Policyholder Name

Policy Number

Address

City, State, ZIP Code

()

Phone Number

Wellness Screenings

Which wellness screening test did you have?

- | | |
|---|---|
| <input type="checkbox"/> Blood test for triglycerides | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> Bone marrow aspiration or biopsy | <input type="checkbox"/> Pap smear |
| <input type="checkbox"/> Breast ultrasound | <input type="checkbox"/> PSA (blood test for prostate cancer) |
| <input type="checkbox"/> CA 15-3 (blood test for breast cancer) | <input type="checkbox"/> Serum cholesterol test to determine level of HDL and LDL |
| <input type="checkbox"/> CA125 (blood test for ovarian cancer) | <input type="checkbox"/> Serum protein electrophoresis (blood test for myeloma) |
| <input type="checkbox"/> CEA (blood test for colon cancer) | <input type="checkbox"/> Skin Cancer biopsy |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Stress test on a bicycle or treadmill |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Thin prep pap test |
| <input type="checkbox"/> Fasting blood glucose test | <input type="checkbox"/> Two hour post-load plasma glucose |
| <input type="checkbox"/> Fasting plasma glucose (FPG) | <input type="checkbox"/> Virtual colonoscopy |
| <input type="checkbox"/> Flexible sigmoidoscopy | |
| <input type="checkbox"/> Hemoglobin A1C (HbA1c) | |
| <input type="checkbox"/> Hemoccult stool analysis | |

4 Easy Ways to File your Claim:

1. **Call** us at 1-866-445-8874
2. **Online** at chubbworkplacebenefits.com/claims
3. **Fax** this completed form and your screening bill to 312-351-6930
4. **Mail** this completed form and your screening bill to:
Chubb Workplace Benefits
Claim Department
PO Box 6700
Scranton, PA 18505-0700

Note: In some situations we may request additional information to process the claim.

Patient Name

Date of Service ____/____/____

Place of Service

Employer

Chubb Workplace Benefits
Claim Department
PO Box 6700
Scranton, PA 18505-0700
1-866-445-8874 | Fax Number: 1-312-351-6930

Chubb Workplace Benefits is a business unit of Combined Insurance Company of America, a Chubb company.